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TO

NAME: Commissioner for Patents/RCE
FIRM: U.S. Patent and Trademark Office
FAX NO.: 571 273 8300
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PAGES (INCLUDING COVER): 25

ORIGINAL TO FOLLOW IN MAIL: Yes No

FROM

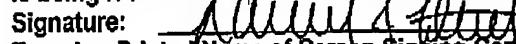
NAME: Nancy J. Flint
DIRECT DIAL: 305 810 2522

MESSAGE

In re Application Of: Peisach et. al. Examiner: P. Butler
Application No.: 10/625,605 Art Unit: 1732
Filed: July 24, 2003 Docket No.: 60783.000005
Title: Container For Hot Fill Food Packaging Applications

In accordance with 37 CFR 1.8, I hereby certify that the attached correspondence entitled:

1. Request for Continued Examination
2. Submission under 37 C.F.R. § 1.114(a)
3. Fee Transmittal Plus Duplicate

is being facsimile transmitted to the U.S. Patent and Trademark Office on May 19, 2006.Signature: 
Typed or Printed Name of Person Signing Certificate: Nancy J. Flint/ Reg. No. 46,704

IF PROBLEM WITH TRANSMISSION, PLEASE CONTACT OPERATOR AT 305 • 810 • 2500.

DATE: May 19, 2006

CLIENT/MATTER NAME AND NO.: 60783.000005

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FEE TRANSMITTAL For FY 2005 Mail Stop RCE		<i>Complete If Known</i>		
				Application No.
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	July 24, 2003	
<input checked="" type="checkbox"/> Total Amount Of Payment (\$)		1732	RECEIVED CENTRAL FAX CENTER	
METHOD OF PAYMENT (check all that apply)		<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (identify): _____		
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number 50-0206		Deposit Account Name : Hunton & Williams LLP		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below.		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments.		
FEE CALCULATION				
1. BASIC FILING, SEARCH AND EXAMINATION FEES				
FILING FEES		SEARCH FEES		
Application Type		Small Entity	Small Entity	
Fee (\$)		Fee (\$)	Fee (\$)	
Utility	300.00	150.00	500.00	
Design	200.00	100.00	100.00	
Plant	200.00	100.00	300.00	
Reissue	300.00	150.00	500.00	
Provisional	200.00	100.00	0.00	
		Small Entity	Small Entity	
		Fee (\$)	Fee (\$)	
		200.00	100.00	
		250.00	65.00	
		130.00	80.00	
		160.00	300.00	
		600.00	0.00	
2. EXCESS CLAIMS FEES				
For		Highest Number Paid For	Small Entity	
Number Present		Extra	Fee (\$)	
Total Claims		20	50.00	
Independent Claims		3	200.00	
Multiple Dependent Claim			360.00	
Total Excess Claims Fees			180.00	
3. APPLICATION SIZE FEE (if the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
Total Sheets		No. of Each Additional 50 or Fraction Thereof	Small Entity	
Extra Sheets		Fees (\$)	Fee (\$)	
- 100 = / 50 = (round up to a whole number) x		250.00	125.00	
4. OTHER FEE(S)				
<input type="checkbox"/> Non-English Specification (no small entity discount)				
<input type="checkbox"/> Surcharge - late filing fee or oath				
<input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet				
<input checked="" type="checkbox"/> Two Month Extension of Time		225.00	<input type="checkbox"/> Utility Issue Fee (or Reissue) (including Publication Fee, if necessary) <input type="checkbox"/> Design Issue Fee <input type="checkbox"/> Plant Issue Fee <input type="checkbox"/> Petition to Commissioner <input type="checkbox"/> Petition to Revive (Unavoidable) <input type="checkbox"/> Petition to Revive (Unintentional) <input type="checkbox"/> Petitions Related to Provisional Applications <input type="checkbox"/> Recording Each Patent Assignment Per Property <input checked="" type="checkbox"/> Other: Request for Continued Examination	
<input type="checkbox"/> Submission of Information Disclosure Statement			395.00	
<input type="checkbox"/> Notice of Appeal				
<input type="checkbox"/> Request for Oral Hearing				
<input type="checkbox"/> Filing Brief in Support of Appeal				
<input type="checkbox"/> Filing Submission After Final Rejection				
SUBMITTED BY				
Signature			Registration No. 46,704	Telephone (305) 810-2522
Typed or Printed Name	Nancy J. Flint		Date May 19, 2008	